



# MONTANA DEPARTMENT OF LABOR AND INDUSTRY - INCUMBENT WORKER TRAINING GRANT APPLICATION

Send to: Stillwater County Economic Development 809 E 4<sup>th</sup> Ave N. Ste C PO Box 881 Columbus, MT 59019

406-322-8050 mkramer@stillwater.mt.gov (Only completed applications will be accepted!)

Legal Business Name	Contact Person	Title	Business Phone	Fax	Cell
Business Address	City/State/Zip	County Stillwater	Email	Month/Year	
Mailing Address/City/State/Zip (if different then business)	Length of Probationary Period for Employees	MT Unemployment Insurance Tax ID # <input type="checkbox"/> Check Box if your firm does not have Unemployment Insurance	# Employees in Location	# Employees Statewide	# Full Time Employees to Train
# Part Time Employees to Train					

Business Type: Sole proprietor ☐ Corporation ☐ Partnership ☐ Limited Liability (LLC) Association Is your business registered with the MT Secretary of State? Yes ☐ No

Description of Training Requested: (attach corresponding documents, for example class schedule, training description from brochure/web, etc.)

What do you anticipate will be the direct impact of training on the employee(s) and your business?

**Itemize travel and other expenses anticipated** (attach documentation if necessary): (Meals, Taxi/Shuttles or Rental Cars costs are NOT allowed.)

**Total In-State Travel Expense Summary For All Employees Listed on Back:**

**Total Out-of-State Travel Expense Summary For All Employees Listed on Back:**

Total Training Fees	\$
Books & Materials (if not part of training fee)	\$
Mileage Allowance (Miles Driven _____ X \$.585/mile)	\$
In-state Airfare	\$
Lodging	\$
<b>TOTAL IN-STATE TRAVEL &amp; TRAINING COSTS</b>	

Total Training Fees	\$
Books & Materials (if not part of training fee)	\$
Mileage Allowance (Miles Driven _____ X \$.585/mile)	\$
Out-of-state Airfare	\$
Lodging	\$
<b>TOTAL OUT-OF STATE TRAVEL &amp; TRAINING COSTS</b>	\$

For each employee being trained who has completed the probationary period (the lesser of) as defined either by the state of Montana (six months) or by the employer's policy regarding probationary periods, complete the information on the backside. Attach a sheet with information for additional employees. Attach your proposed plan for training showing all costs associated with training and documentation. **EMPLOYER MATCH:**

- **IN-STATE** - For training within Montana for employees the Employer Match is \$1 for every \$4 (20%) of all training costs including in-state travel expenses (meals, taxi/shuttles or rental car costs are NOT allowed).
- **OUT-OF-STATE** - For training outside the state of Montana for employees the Employer Match is \$1 for every \$4 (20%) of training costs and (50%) for all travel expenses (meals, taxi/shuttles or rental car costs are NOT allowed).
- The Match can include the employee's wages/benefits for training hours on the day the actual training is taking place and/or funds provided by the Employer applicant. (COMPLETE REVERSE SIDE FIRST then BOLDED BOXES this side)

<b>Total Training Costs</b> (For All Employees) (Travel + Training fees)	\$
<b>Total Match</b> (All Wages/Benefits/Employer Funds for All Employees)	\$
<b>Total Funds Requested</b> (Total Training Costs less Total Match for All Employees)	\$
For Official Use Only – Total Funds Approved	
\$	

Employee Name (Last, First) (F.T. employees = work an average of 35 hrs/wk) (P.T. employees = predominately year round position requiring an average of 20 to 35 hrs/wk)	Date of Hire Month/ Year	Avg. # Hours Worked per Week	Type of Training	Training Entity & Location (Training Physical Address)	Date of Training	Employer Match (Indicate match used with \$ amount(s) below)		Training Costs (Travel + Training Fees)	Do Not Use for Official Use Only
1.						Wages & Benefits	\$	\$	
						Business Funds	\$		
2.						Wages & Benefits	\$	\$	
						Business Funds	\$		
3.						Wages & Benefits	\$	\$	
						Business Funds	\$		
4.						Wages & Benefits	\$	\$	
						Business Funds	\$		
5.						Wages & Benefits	\$	\$	
						Business Funds	\$		
6.						Wages & Benefits	\$	\$	
						Business Funds	\$		
7.						Wages & Benefits	\$	\$	
						Business Funds	\$		
8.						Wages & Benefits	\$	\$	
						Business Funds	\$		
<b>TOTAL ALL EMPLOYEES TRAINING &amp; TRAVEL COSTS</b> (Transfer information to Bolded Boxes on Front Side)						(Total All Employee Match)			
<b>The Montana Department of Labor &amp; Industry is Funding the Incumbent Worker Training Grant. The Grant allows up to \$2000 per year per Full Time employee and up to \$1000 per Part Time employee.</b>						<b>\$</b>		<b>\$</b>	
APPROVAL OF FUNDS WILL BE BASED ON PROGRAM GUIDELINES AND THE AVAILABILITY OF FUNDS. APPLICATION APPROVAL REQUIRED BEFORE FUNDS CAN BE ELIGIBLE FOR REIMBURSEMENT.									
By signing this application, I hereby certify the information in this application is true and accurate to the best of my knowledge. I am aware that any false information or intended omissions may result in a forfeiture of any training grant approved through this program. I understand I must make the required matches as stated in the application.									
Authorized Employer Signature		Printed Name			Title		Date		
X									
<b>Official Use Only</b> <b>(Funds Approved)</b> <b>\$</b>	Date Received:	BEAR Interview Date:	BEAR Recommendation <input type="checkbox"/> Yes <input type="checkbox"/> No Date: (Authorized BEAR Program Signature)			Referred to Other Funding Source (WIRED, etc.)  <div>Form 7/1/2008</div>			